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HEALTH SOLUTIONS

Aging Well: Addressing Behavioral Health with Older Adults in Primary Care Settings

February 15, 2017

SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderator:

Roara Michael, Associate, CIHS

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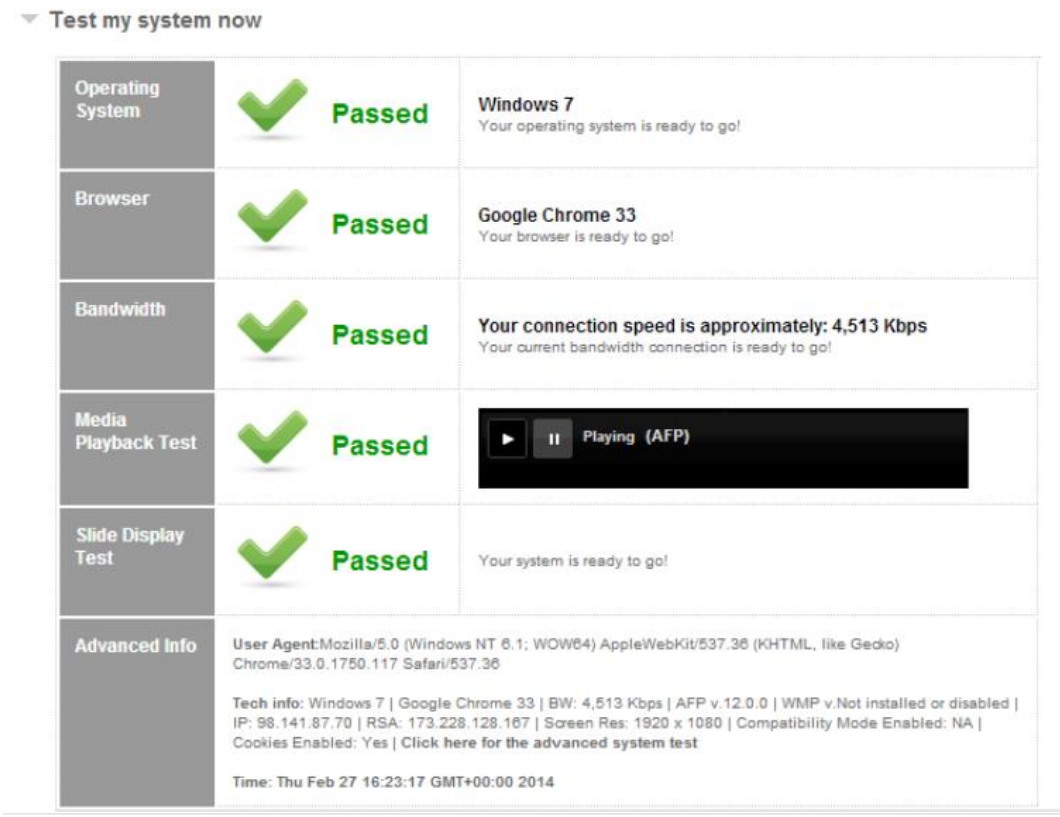

Before We Begin

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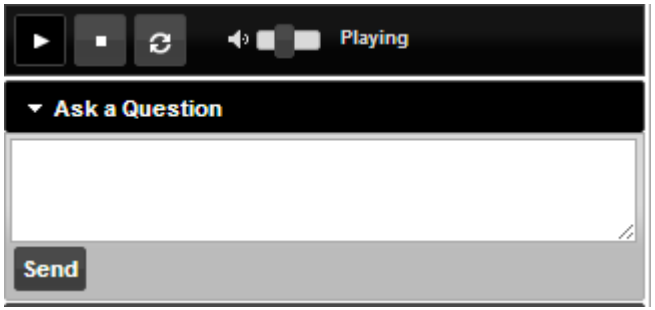
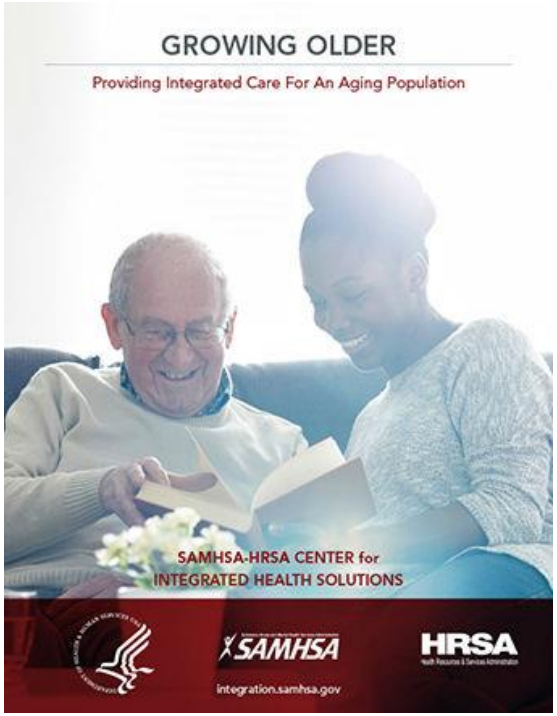


Older Adults Issue Brief



Link to download:

http://store.samhsa.gov/shin/content//SMA16-4982/SMA16-4982.pdf

Learning Objectives

- Understand the complex array of health, behavioral and social issues that should be addressed during clinical encounters with older adults
- Distinguish the differences between common mental health, substance use and physical health conditions
- Recognize the steps to develop an integrated behavioral health and primary care workforce that is ready to serve an aging population
- Identify evidence-based practices and other resources for serving older adults in an integrated manner

Today's Speakers

Amanda Pettit, RN, MSN

Clinical Nurse Manager, Crossing Rivers Health Primary Care Clinic, Behavioral Health Clinic and Center for Specialty Care Clinics

Ashley Hady, MSW, LCSW

Licensed Clinical Social Worker, Crossing Rivers Health

Stephen Bartels, MD, MS

Herman O. West Professor of Geriatrics

Professor of Psychiatry, Community and Family Medicine, and The Dartmouth Institute Geisel School of Medicine at Dartmouth

Director, Dartmouth Centers for Health and Aging

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Identifying Mental Health Needs in Older Adults in Rural America

From the World of Primary Care in Collaboration with Behavioral Health via Telehealth

Ashley Hady MSW, LCSW
Mandy Pettit RN, MSN
Crossing Rivers Health

Who We Are….Crossing Rivers Health

- Independent primary and behavioral health clinics
- Under the “umbrella” of a CAH- CRHMC
- Number of patients ≥ 65yrs old seen since 2014:
  - 901(Includes primary and behavioral health)
- Profile of Services
  - Primary Care from prenatal to death:
    - Wellness, preventive, med management
  - Behavioral Health from adolescence to geriatrics:
    - Counseling
    - Medication management
    - Diagnostic evaluation
    - Screening and referral

Who We Are….Crossing Rivers Health

- Our workforce- Primary Care and Behavioral Health:
  - 2 Board Certified Family Medicine Doctors
  - 1 Board Certified Internal Medicine Doctor
  - 2 Board Certified Family Nurse Practitioners
  - 1 Board Certified Family Nurse Practitioner and Certified Nurse Midwife
  - 1 Licensed Clinical Social Worker
  - 1 Psychiatrist
  - 1 RN- Telehealth Facilitator/Care Coordinator

What Our Data Shows….

Specific to patients ≥65yrs diagnosed with depression and/or anxiety. (ICD code 296 & 300)

- 126 diagnosed in Primary Care Clinic
- 5 patients are currently being seen by a counselor or a psychiatric prescriber. Only 3.9%
- 2 Referrals were sent by primary care but refused by patient.

What Primary Care Providers hear…

Patient perception	• “I’ve lived through worse than this…” • “I trust you, can’t you just take care of it?”
Transportation	• Do not or cannot drive anymore • Who is going to take me to another appointment?
Cost	• Fixed incomes • Does insurance cover visits with prescriber? Counselor? • Does insurance cover prescriptions

What Primary Care Providers Say…

- “I already know the patient, I’ll just take care of it.”
- “It’s not personal if it’s through telehealth, my patients won’t like that.”
- “I can’t make them go.”
- “The patient hardly comes in to see me, how are we supposed to get them to see a psychiatrist or counselor?”
- “This patient doesn’t need another medication, more side effects, etc.”

What Primary Care Providers Do…

- **Continue to routinely screen patients with:**
  - PHQ-2 (at Medicare Wellness Exams)
  - PHQ-9
  - GAD-7

- **Determine when to introduce different treatment modalities.**
  - "Watchful waiting"
  - Medications
  - Therapy
  - HOW is this DECIDED?....Different for every provider and his/her relationship with patient……

Integration of Care… Utilizing Evidence-Based Model: "Telemedicine-Based Collaborative Care"

Primary Care Clinic

- Part of the "TEAM" which allow for more continuity of care
- Empowers patients and caregivers to make decisions about treatment options…i.e. counseling, medication management etc.

Behavioral Health Nurse/Care Coordinator

- Communication "back to" Primary Care when patient is seen
- Communication with long-term care model
- APS-Adult Protective Services

Integration of Care… Utilizing Evidence-Based Model: “Telemedicine-Based Collaborative Care”

Counseling-LCSW, LPC

- Individualized comprehensive mental health assessment
- Strength-based assessment
- Patient-centered treatment planning

Community Resource Director

- Grant development- HRSA Mental Health Through Tele-medicine
- Service development initiatives
- Crossing Rivers Telehealth Consortium Project Director

How can WE effect CHANGE…

EDUCATE

- Providers
  - Patient flow, hand-offs
  - Provide feedback from patient surveys
- Patients
  - BH whether face-to-face or telehealth, it isn't so "different"

COLLABORATE

- Connecting BH providers with Primary Care consistently
- Community Resources
  - APS
  - Long-term Care Model

How can WE effect CHANGE (cont'd)…

LOCATION of SERVICES

- Current-state- House a few blocks across town
- Future-state- On-site with Primary Care

Our Vision for the future…

- Continue to refine the Evidence-Based Model
- Increase access to care
- Maintain provider continuity
- Sustain services
- Decrease negative stigmatism
- Integrate behavioral health as part of OVERALL health management
- Keep the conversation going….

QUESTIONS?

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  - Clinic Nurse Manager
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Questions ?

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Aging Well: Addressing Behavioral Health with Older Adults in Primary Care Settings

Steve Bartels MD, MS

Herman O. West Professor of Geriatrics

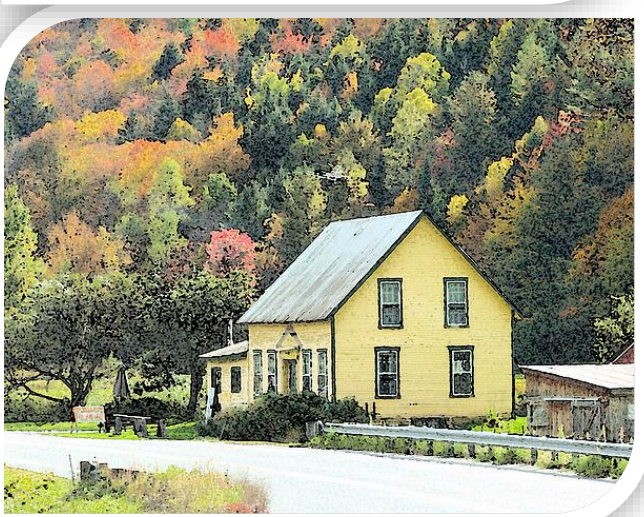
Professor of Psychiatry, Community and Family Medicine,
and The Dartmouth Institute

Geisel School of Medicine at Dartmouth

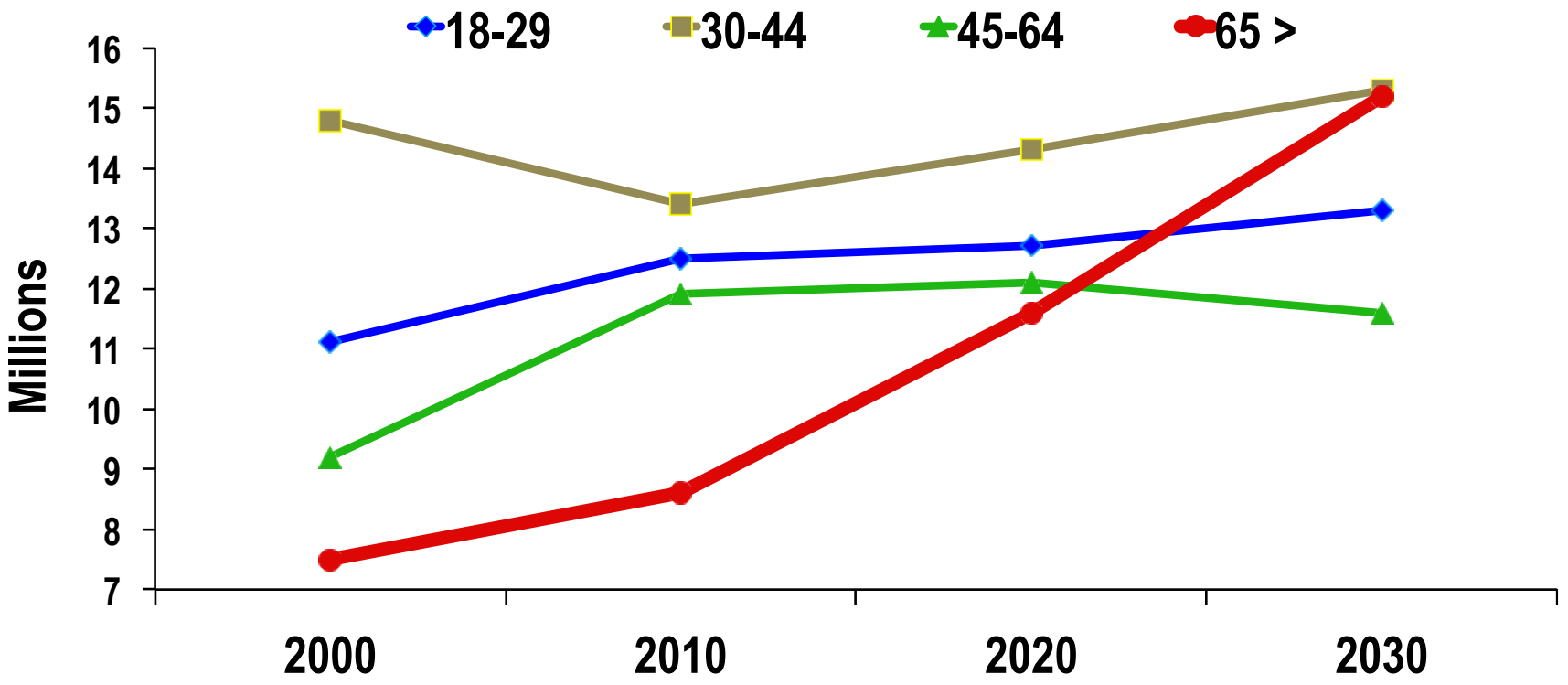
Director, Dartmouth Centers for Health and Aging

Overview

- Behavioral Health as a Health Care Problem for Older Adults
- Evidence-base Practices
- Models of Care
  - Integration in Primary Care
  - Health Coaching & Self Management
  - Technology
  - “Reverse Innovation”
  - Community Outreach & Support for Aging in Place



11 Million Older Americans with Mental Illness Today- 15 million in 2030



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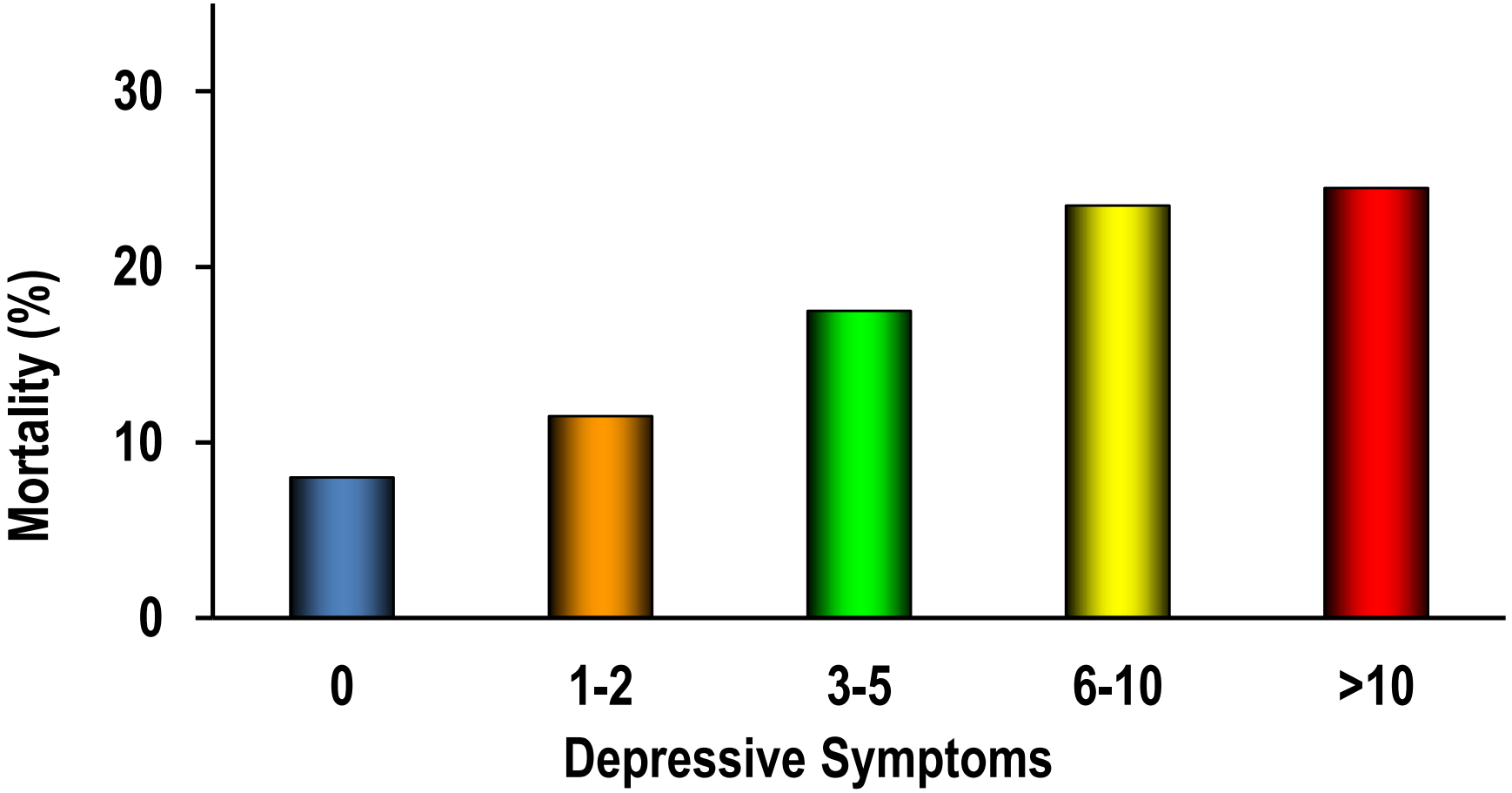
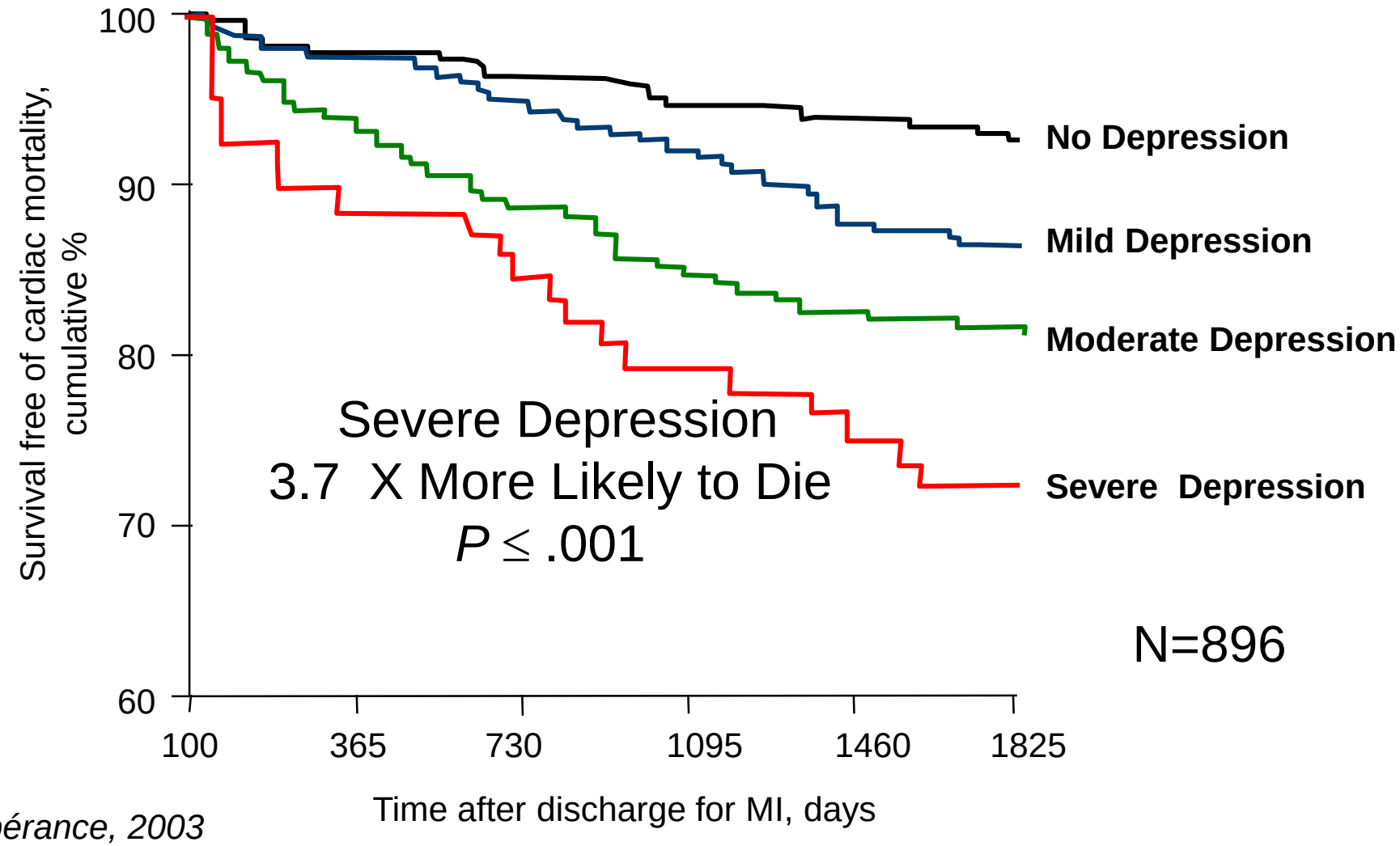
Behavioral Health in Older Adults is a Health Care Problem

Depression Kills Older Women 7 Years After Hip Fracture

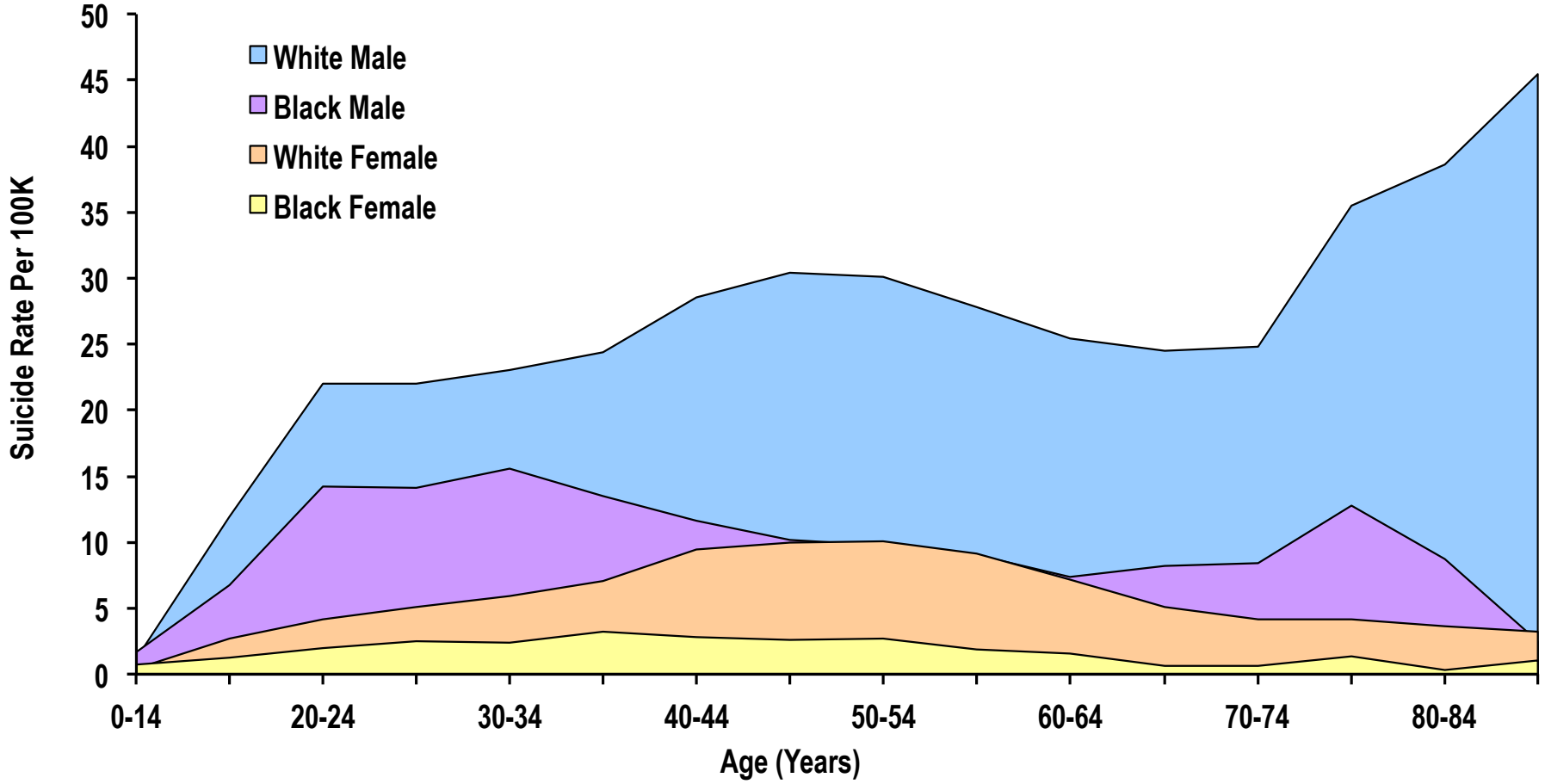


Depression and Greater Likelihood of Mortality After Heart Attack

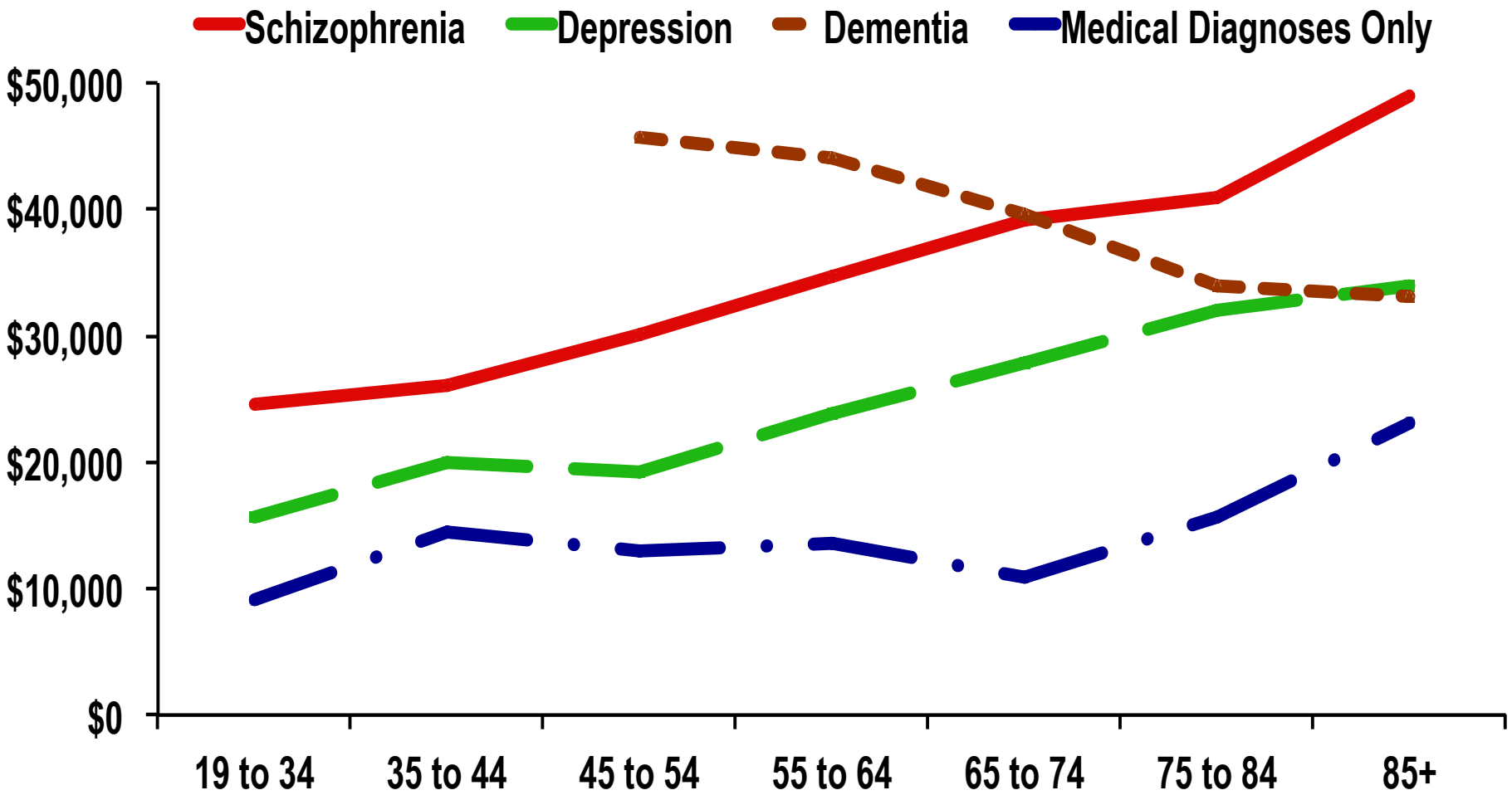


Lespérance, 2003

Depression Kills Older Men



Mental Illness Can Double or Triple Costs Across the Lifespan



"We Know Treatment Works" Evidence-based Practices

- Integrated service delivery in primary care
- Mental health outreach services
- Mental health consultation and treatment teams in long-term care
- Family/caregiver support interventions
- Psychological and pharmacological treatments

Bartels et al., 2002, 2003, 2005

Integrated Collaborative Care

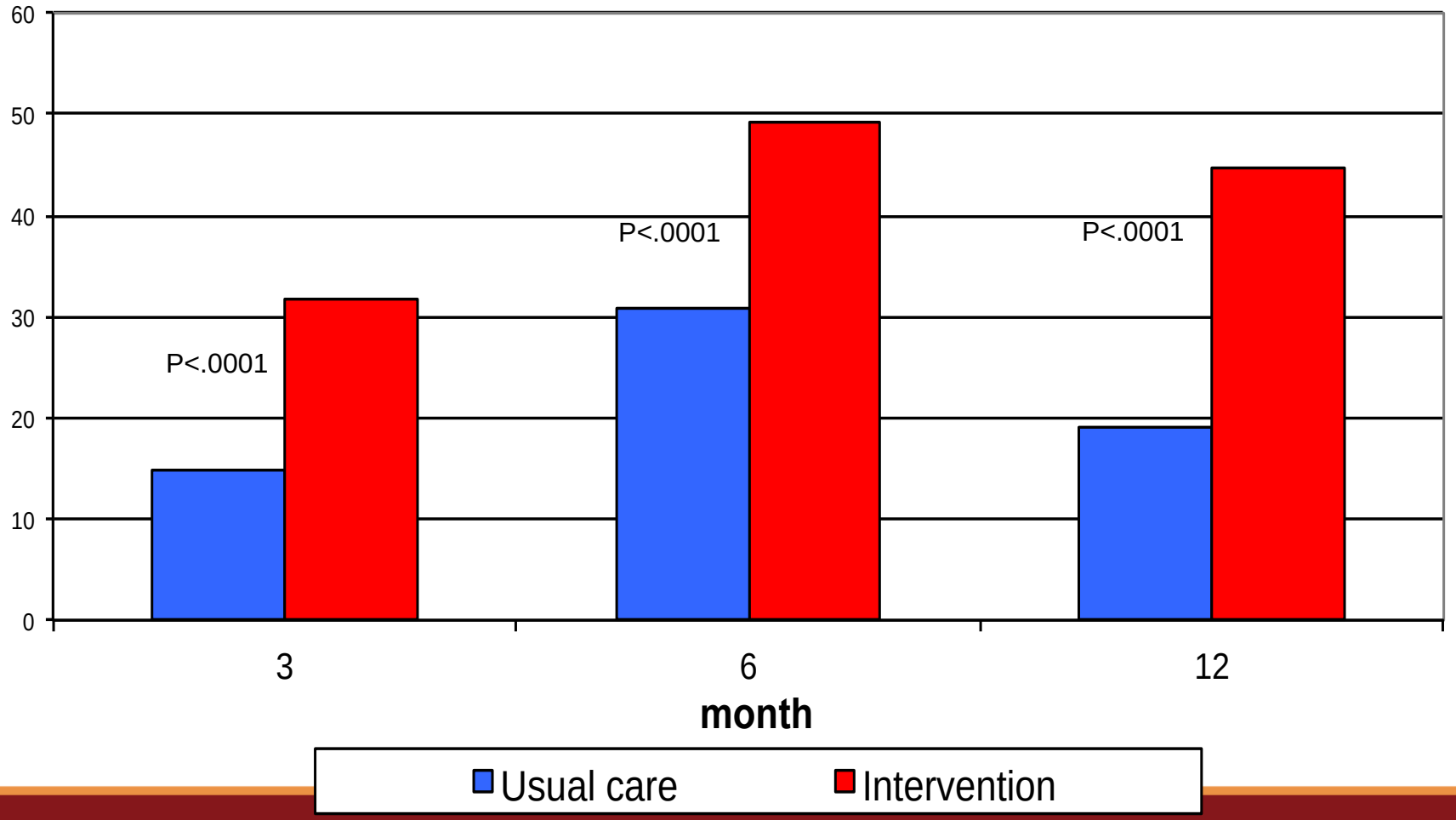
Collaborative care model includes:

- **Care manager: Depression Clinical Specialist**
  - **Patient education**
  - **Symptom and Side effect tracking**
  - **Brief, structured psychotherapy: PST-PC**
- **Consultation / weekly supervision** meetings with
  - **Primary care physician**
  - **Team psychiatrist**

Stepped protocol in primary care using antidepressant medications and / or 6-8 sessions of psychotherapy (PST-PC)

Unützer et al, JAMA 2002; 288:2836-2845

Clinically Significant Improvement in Depression (≥50% Drop on SCL-20 Depression Score from Baseline)



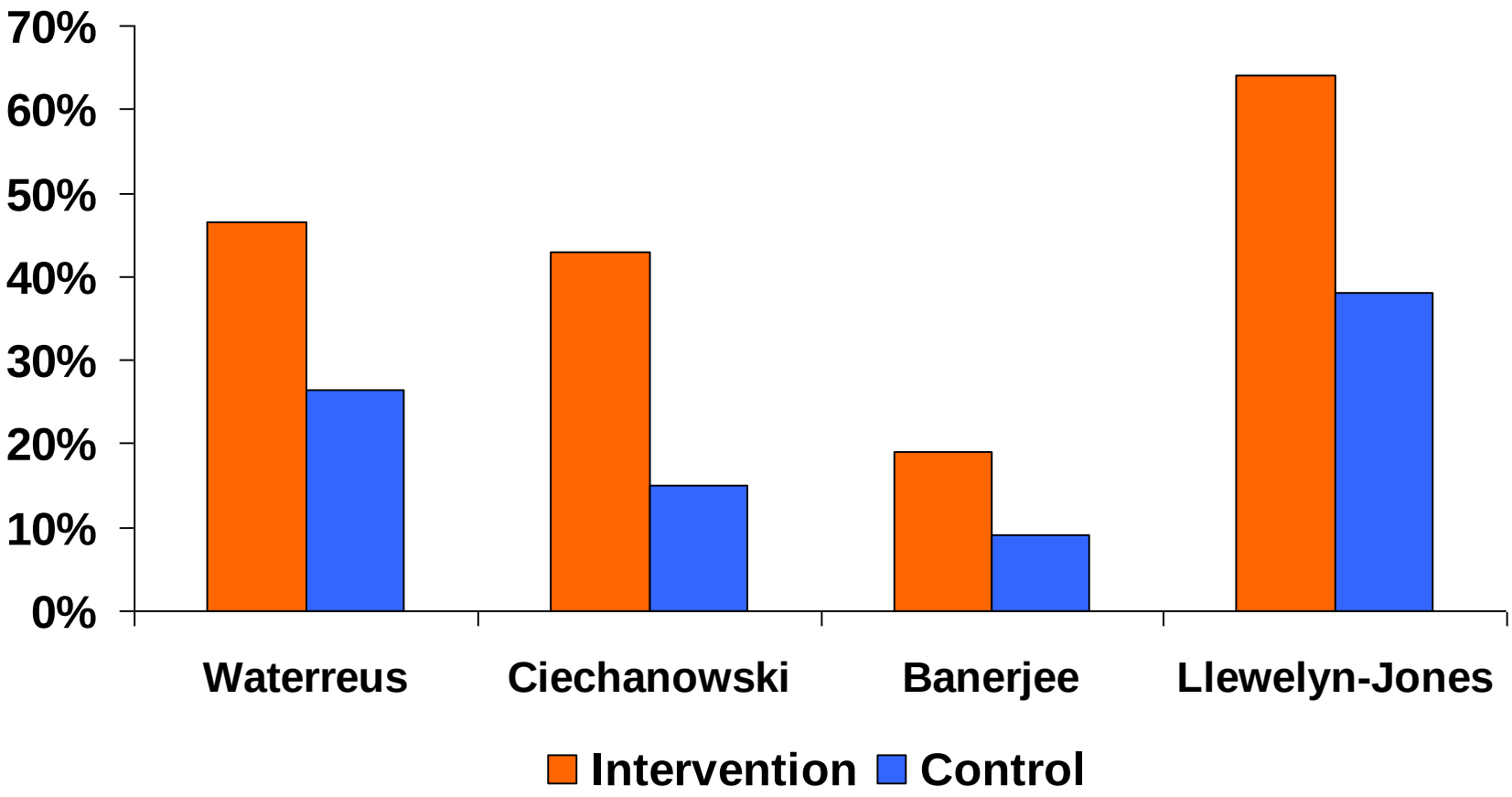
Unützer et al, JAMA 2002; 288:2836-2845.

Integrated Care is More Cost Effective Than Usual Care

IMPACT participants had lower mean total healthcare costs $29,422 compared to usual care patients $32, 785 over 4 years.

Fan, M., Katon, W., Lin, E., Della Penna, R., Powers, D., Schoenbaum, M., Unutzer, J. (2008) Long-term Cost Effects of Collaborative Care for Late-life Depression. *American Journal of Managed Care, 14*(2), 95-100.

RCTs of Geriatric Mental Health Community Outreach Models % Recovered from Depression*



* Greater than 50% reduction in symptoms or meeting syndromal criteria

Prevention Works!

Casten, R. & Rovner, B. (2008). Preventing Late-life Depression in Age-Related Macular Degeneration. *American Journal of Geriatric Psychiatry, 16*(6), 454-459.

Reynolds, C. (2008). Preventing Depression in Old Age: It's Time. *American Journal of Geriatric Psychiatry, 16*(6), 433.

SBIRT MODEL for Misuse of Alcohol and Psychoactive Prescription Medications

- Screening
- Brief Intervention
- Referral to Treatment

Trials with Older Adults:

êBrief Interventions (BI) can reduce use and some problems for at least 12 months among younger and older adults

ê(Ex: Reductions in drinking of 40%)

Implementation in 'real world settings'

•American Society on Aging (ASA), 2005 (Blow, Barry)

•Schonfeld, et al, 2010 (Florida BRITE Project)

AOA-SAMHSA Issue Briefs

OLDER AMERICANS BEHAVIORAL HEALTH
Issue Brief 1: Aging and Behavioral Health Partnerships in the Changing Health Care Environment

Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration on Aging (AoA) recognize the value of strong partnerships for addressing behavioral health issues among older adults.

This Issue Brief is part of a larger collaboration between SAMHSA and AoA to support the planning and coordination of aging and behavioral health services for older adults in states and communities. Through this collaboration, SAMHSA is providing technical expertise and tools, particularly in the areas of suicide, anxiety, depression, alcohol and prescription drug use and misuse among older adults, and partnering with AoA to get these resources into the hands of aging and behavioral health professionals.

State Aging and Behavioral Health Partnerships

States are advancing older adult behavioral health services through partnerships between State Aging, Mental Health, and Single State Authorities. These partnerships have increased access to health interventions for suicide prevention, depression, at-risk alcohol and medication misuse, and chronic disease management such as the evidence-based practices and programs identified in this Brief. Access has improved for adults with mental health and substance use disorders and for those who are at-risk for developing these disorders. Successful partnerships can link aging and behavioral health providers in the community.

Behavioral health agencies and aging service providers that partner can offer health interventions as well as link older adults to specialists who address high-risk medication and alcohol use, depression, anxiety, and suicide prevention. Primary care providers can benefit by participating in these partnerships and referring older adults to appropriate evidence-based prevention, screening, and brief intervention practices.

- Many aging service providers offer care management, chronic disease self-management, and other evidence-based health promotion and prevention programs. Aging service providers also link older adults with benefits information and long-term services and supports. Health systems that choose to partner with aging service providers and behavioral health providers can better reach dual eligible and home-bound populations and link to community-delivered evidence-based services, to ultimately improve care coordination and reduce cost.

Key components of effective aging and behavioral health partnerships that result in positive health impacts for older adults and improved service delivery systems include:

- **Leadership** of at least one state government champion who has a goal of increasing or improving access to health services, building systems of delivery, mobilizing partners, taking advantage of opportunities, and proactively developing strategies to capitalize on new opportunities.
- **Advocacy** resulting in financing, policy, or program change that increases or improves access to health services.
- **Directed funding** that increases or improves access to health services.
- **Development of statewide delivery systems** that link aging and behavioral health services and that leverage both systems to increase reach and effectiveness of overall health services.

Administration on Aging

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

OLDER AMERICANS BEHAVIORAL HEALTH
Issue Brief 2: Alcohol Misuse and Abuse Prevention

Introduction

The Substance Abuse and Mental Health Administration (SAMHSA) and Administration on Aging (AoA) recognize the value of strong partnerships for addressing behavioral health issues among older adults. This Issue Brief is part of a larger collaboration between SAMHSA and AoA to support the planning and coordination of aging and behavioral health services for older adults in states and communities. Through this collaboration, SAMHSA is providing technical expertise and tools, particularly in the areas of suicide, anxiety, depression, alcohol and prescription drug use and misuse among older adults, and partnering with AoA to get these resources into the hands of Aging Network professionals.

Importance of the Problem

The misuse and abuse of alcohol in older adults present unique challenges for recognizing the problem and determining the most appropriate treatment interventions. Alcohol use problems in this age group often go unrecognized and, if they are recognized, are generally undertreated. Standard diagnostic criteria for abuse or dependence are difficult to apply to older adults, leading to under-identification of the problem. Older adults who are experiencing substance misuse and abuse are a growing and vulnerable population.

Over a number of years, community surveys have estimated the prevalence of problem drinking among older adults from 1 percent to 16 percent.[1,2,3,4] The rates of problems found in community surveys vary widely depending on the definitions of older adults, at-risk and problem drinking, and alcohol abuse/dependence. Estimates of alcohol problems are the highest among people seeking health care because individuals with drinking problems are more likely to seek medical care.[5] Fourteen percent of men and 3 percent of women older than age 65 engage in binge drinking.[6]

Guidelines for Alcohol Use

The National Institute of Alcohol Abuse and Alcoholism and the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol (TIP) 26 on older adults[8] have recommended levels of alcohol consumption to minimize risky or problem drinking and to prevent alcohol-related problems.

For adults ages 60 and older the recommended limits are:

Overall consumption:

- Men: No more than 7 drinks/week, or 1 standard drink/day;
- Women: No more than 7 drinks/week, or 1 standard drink/day;

Binge drinking:

- Men: No more than 3 standard drinks on a drinking occasion;
- Women: No more than 2 standard drinks on a drinking occasion.

Older individuals should not drink any alcohol if they:

- Are taking certain prescription medications, especially psychoactive prescription medications (e.g., opioid analgesics and benzodiazepines),
- Have medical conditions that can be made worse by alcohol (e.g., diabetes, heart disease),
- Are planning to drive a car or engage in other activities requiring alertness and skill
- Are recovering from alcohol dependence, should not drink alcohol.

Administration on Aging

Substance Abuse and Mental Health Services Administration
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Treatment of Depression in Older Adults - KIT at a Glance

Depression and Older Adults: Key Issues

for all stakeholders

Key Issues gives you an overview of important information about depression in older adults, including:

- Demographic trends
- Definitions and risk factors for depression
- Prevalence of depression
- Impact and cost of depression
- Why implementation of EBPs is important

Selecting EBPs for Treatment of Depression in Older Adults

for all stakeholders

Selecting EBPs provides information about a range of EBPs for treating depression in older adults and information about how to select EBPs. Topics include:

- What are the EBPs?
- Factors to consider in decision-making
  - Target population
  - Outcomes
  - Fit with organization
  - Training and implementation resources
- EBP categories
  - Psychotherapy interventions
  - Antidepressant medications
  - Outreach services
  - Collaborative and integrated mental and physical health care
- Case Briefs: EBP implementation strategies

EBP Implementation Guides

for each of four specific stakeholder audiences

The EBP Implementation Guides provide information for the 4 major groups of stakeholders about their roles in implementation.

- Older Adult, Family, and Caregiver Guide on Depression
  - Depression in older adults
  - How to recognize depression
  - How to access treatment
  - How to make informed choices
  - How to work with practitioners
  - Resources for older adults and their families
- Practitioners Guide for Working with Older Adults with Depression
  - Why you should care about EBPs
  - Skills for working with older adults
  - Screening, assessing and diagnosing depression
  - Selecting a treatment
  - Delivering evidence-based care
  - Evaluating care
  - Implementing EBPs
- Guide for Agency Administrators and Program Leaders
  - Why you should care about EBPs
  - Leading the implementation
  - Building momentum for change
  - Making the change
  - Managing and sustaining change
- Leadership Guide for Mental Health, Aging, and General Medical Health Authorities
  - Why you should care about EBPs
  - Why provide EBPs for older adults
  - Initiating implementation activities
  - Expanding and sustaining implementation

Evaluating Your Program

for practitioners, administrators, and members of the EBP quality assurance team

Resources and Evidence

for all stakeholders

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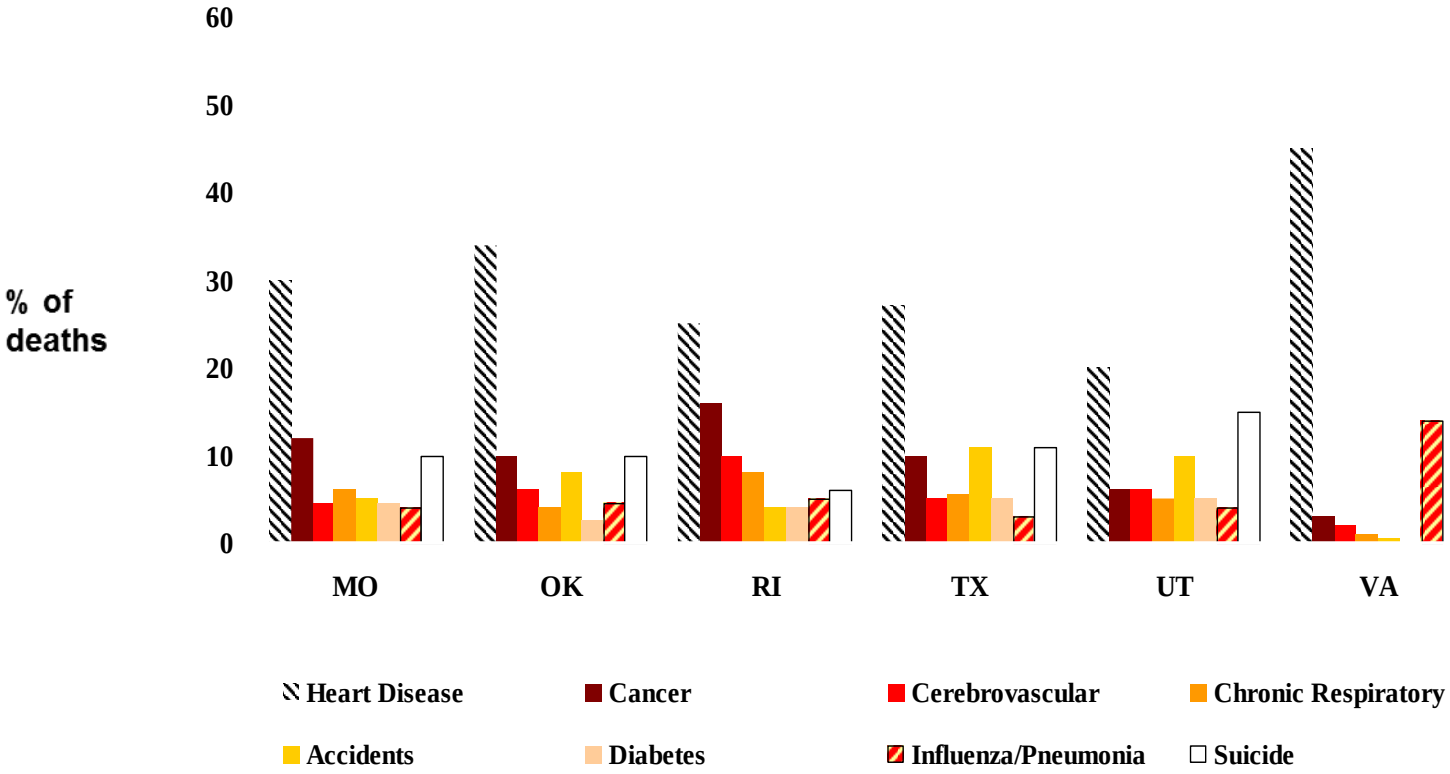
The Other Side of Integration

The Older Adult with Serious Mental Illness and Dementia in Primary Care

Mentally ill die 25 years earlier, on average

By Marilyn Elias, USA TODAY

Adults with serious mental illness treated in public systems die about 25 years earlier than Americans overall, a gap that's widened since the early '90s when major mental disorders cut life spans by 10 to 15 years, according to a report due Monday.



Cardiovascular Disease (CVD) Risk Factors

Modifiable Risk Factors	Estimated Prevalence and Relative Risk (RR)	
	Schizophrenia	Bipolar Disorder
Obesity	45–55%, 1.5-2X RR[1]	26%[5]
Smoking	50–80%, 2-3X RR[2]	55%[6]
Diabetes	10–14%, 2X RR[3]	10%[7]
Hypertension	≥18%[4]	15%[5]
Dyslipidemia	Up to 5X RR[8]	

1. Davidson S, et al. *Aust N Z J Psychiatry*. 2001;35:196-202. 2. Allison DB, et al. *J Clin Psychiatry*. 1999; 60:215-220.
3. Dixon L, et al. *J Nerv Ment Dis*. 1999;187:496-502. 4. Herran A, et al. *Schizophr Res*. 2000;41:373-381.
5. MeElroy SL, et al. *J Clin Psychiatry*. 2002;63:207-213. 6. Ucok A, et al. Psychiatry Clin Neurosci. 2004;58:434-437.
7. Cassidy F, et al. *Am J Psychiatry*. 1999;156:1417-1420. 8. Allebeck. Schizophr Bull. 1999;15(1)81-89.

Integrated Illness Management and Recovery (IIMR) Teaching Techniques

An Emerging Evidence Based Practice

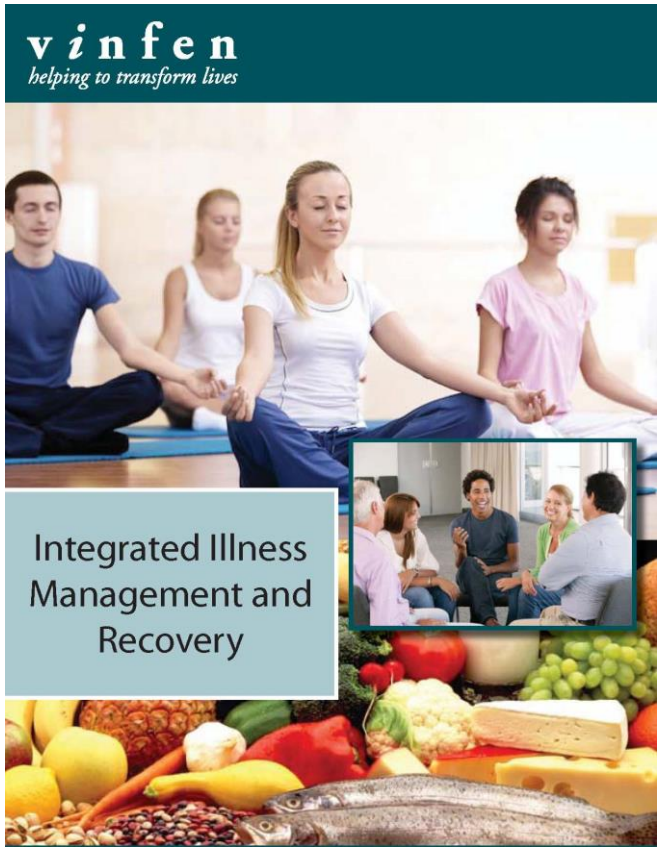
Uses

Psychoeducation

Motivational Interviewing

Skills Training

Cognitive Behavioral Therapy Techniques



Self-Management Training and Support Outcomes

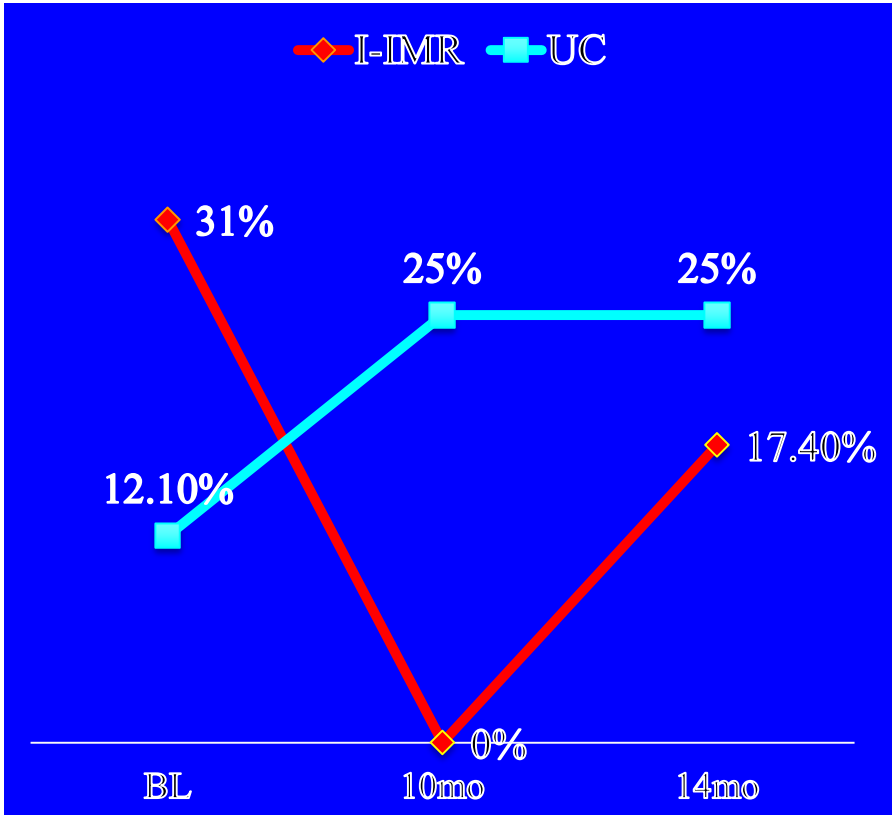
Improved Self-management

Client and provider ratings of self-management

- Knowledge of Symptoms, Meds, Coping
- Symptom Distress
- Symptoms Affecting Functioning

Improved participation in the health care encounter

Decreased hospitalizations



Challenges for Primary Care and Dementia Patients

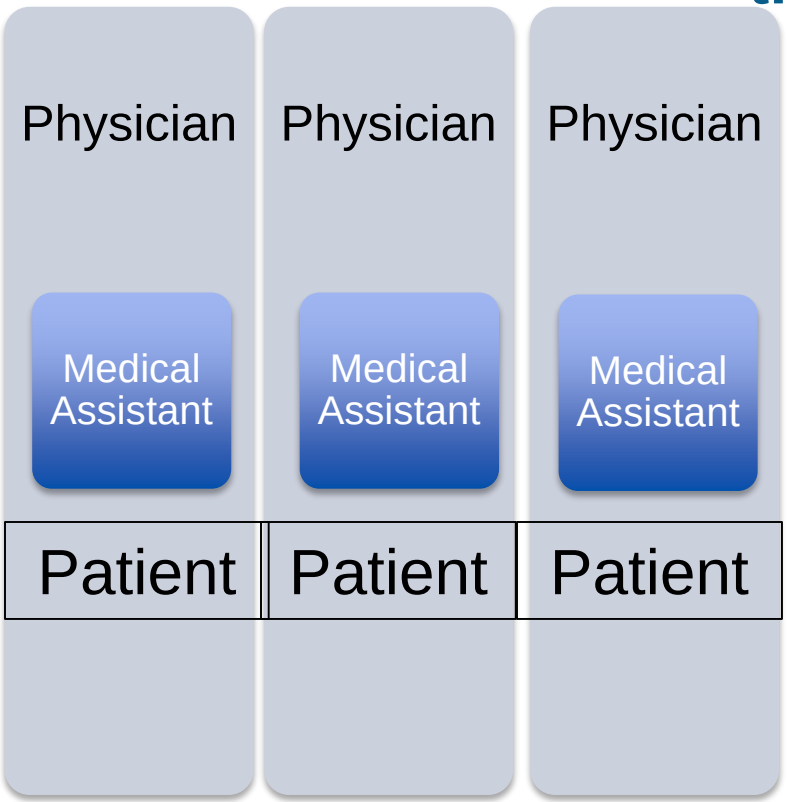
- Disclosing diagnosis and confronting difficult transitions can damage doctor-patient relationship
- Time constraints inhibit follow-up and fragment care
- Large caseload of patients
- Reactive (rather than proactive) approach
- Lack of dementia trained staff

How to get it done?

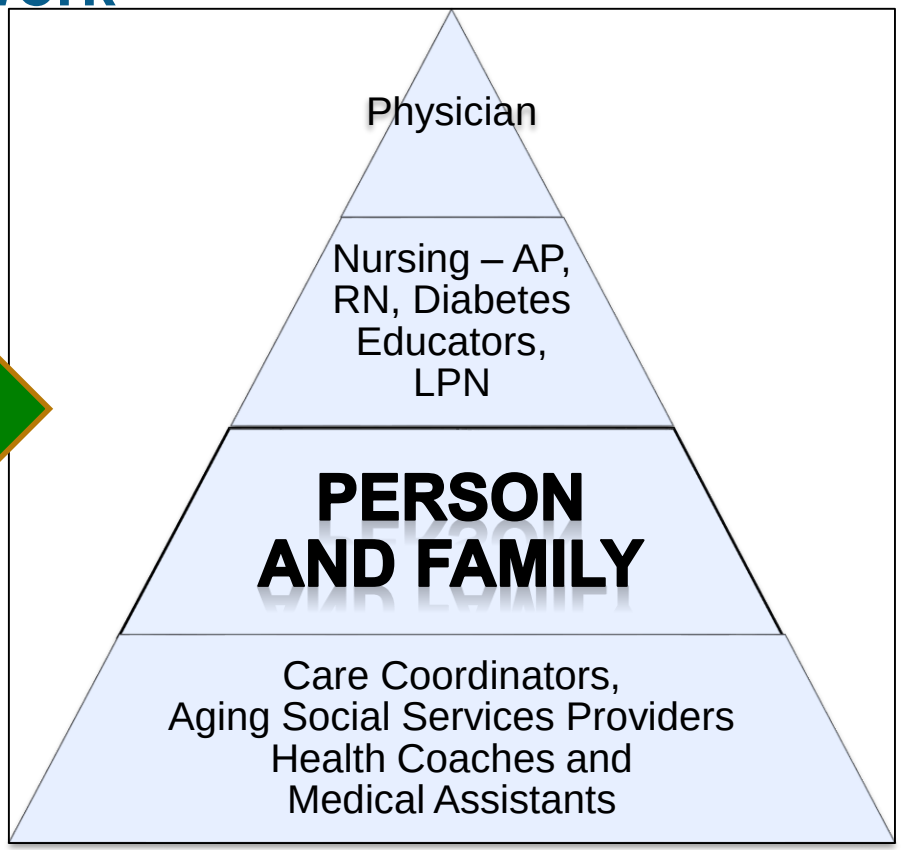
It’s About the Team!!!

Team-based care: All care team members contribute to the health of the patients by working at the top of their licensure and skill set.

HRSA Geriatric Workforce Enhancement Program
Person-Centered Integrated Geriatric Primary Care Teams that Work



Conventional Model



New Model

Dementia Care

"Team-based" based Needs Assessment and Dementia Care

"Powerful Tools for Caregivers" Training

Caregiver Support Interventions

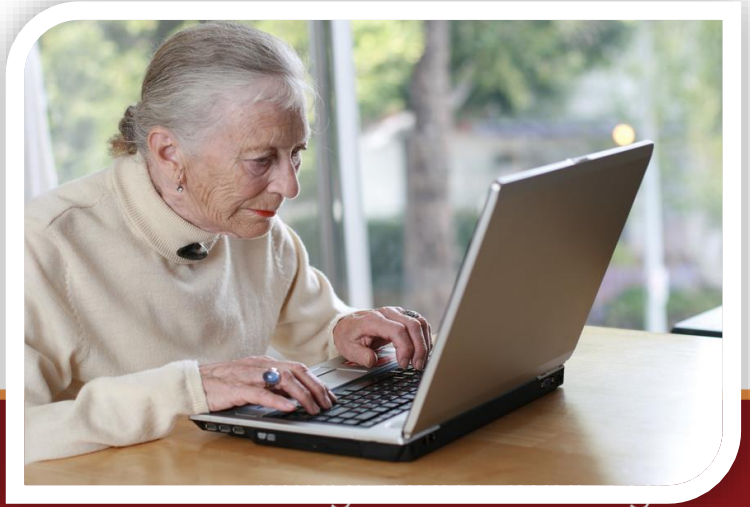
Caregiver support: Resources for Enhancing Alzheimer's Caregiver Health (REACH):

Education, problem solving, and telephone support are effective improve caregiver's mood and wellbeing and reduce morbidity for the person with dementia

Belle et al., 2006, Ann Intern Med

BUT…..What about the

Task Shifting: Combining High Touch and Technology

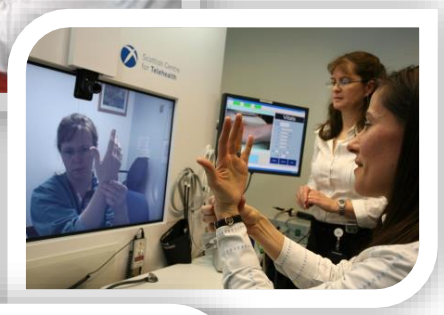


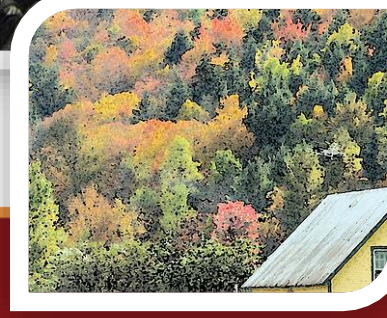

MOBILE
HEALTH

Aging Well in Community

Reverse Innovation

Smart use of people and smart use of technology





- **Community programs, education**
- **Health coaches self-management**
- **Technology** to monitor and deliver health care at home

Questions ?

CIHS Resources

Treatment of Depression in Older Adults Evidence-Based Practices (EBP) Kit

http://store.samhsa.gov/product/Treatment-of-Depression-in-Older-Adults-Evidence-Based-Practices-EBP-KIT/SMA11-4631CD-DVD

Blueprint for Change: Achieving Integrated Health Care for an Aging Population

http://www.apa.org/pi/aging/programs/integrated/integrated-healthcare-report.pdf

Integrated Health Care for an Aging Population- Fact Sheet

http://www.apa.org/pi/aging/programs/integrated/ihap-factsheet-policymakers.pdf

CIHS Resources

Differentiating among Depression, Delirium, and Dementia in Elderly Patients

http://journalofethics.ama-assn.org/2008/06/cprl1-0806.html

Talking with your Older Patient

https://www.nia.nih.gov/health/publication/talking-your-older-patient

Additional resources on older adults:

http://www.integration.samhsa.gov/integrated-care-models/older-adults

CIHS Tools and Resources

Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org

SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.